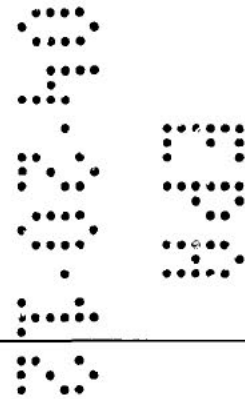


Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name: [REDACTED]	Submission date: 04/18/2012	Contact person (if different than reporter)	Internal ID 1-29514331
Administrative Data	Address: Kansas		Address:	
	Phone #: [REDACTED]		Phone #:	
	Incident Status: New	Location and date of incident Kansas Chronic	Date registrant became aware of incident: 3/22/2012	Was incident part of larger study?
Row 2	EPA Registration # (Product 1) 2382-104	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) Amitraz	A.I. (s)	A.I. (s)	
	Product 1 Name Preventic Collar for Dogs 25 in collar	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? NA	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) Own Residence	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) See Description Notes	
Incident Circumstances	Applicator certified PCO? Not applicable			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description			

Personal privacy information



3/22/2012 1:47:51 PM WT from ASPCA [REDACTED]
Preventic Collar for Dogs 25 in collar

The caller reports she had the collar on her dog for the past six days. Two days ago she removed the collar from the dog and yesterday she woke with a rash on her face. She plans to go to the ED.

A: - This is not an expected effect of routine product use.

- The patient may or may not have an unrecognized sensitivity to one of the active or associated ingredients in a given product.

- There are several possible causes of a rash including sensitivity to a household or commercial product, food product, naturally occurring environmental agent, or medication. Rashes may also form as a result of illness or exposure to heat. Recommend consulting a physician to help determine the cause of the rash.

- Discontinue use of the product if you suspect it is contributing to the described symptoms.

- Typically it may be recommended to use OTC antihistamines such as diphenhydramine, but since you are planning on going to the physician you should see what they may recommend before you medicate yourself.

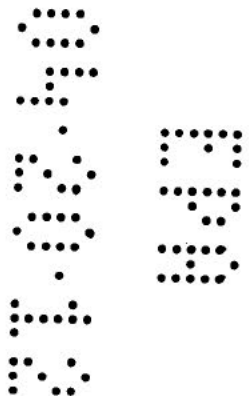
- If symptoms spread to other parts of the body or worsen in intensity, seek medical attention. If symptoms do not resolve within 72 hours, consult a health care professional.

- Please call back with any additional questions or concerns.

3/23/2012 8:48:44 AM reviewed

3/27/2012 1:49:51 PM Callback placed to [REDACTED]
She talked to her MD who recommended use of otc antihistamine. Sxs are resolving.
She has a couple small blisters on her nose and some itching.
Will see MD if it does not resolve by next wk.

Personal privacy information



Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Female</i> Occupation: (if relevant)	Exposure route: <i>Dermal</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>On-site</i>	List signs/symptoms/adverse effects. <i>Bullae/Blisters, Unable to determine; Pruritus, Unable to determine; Rash, Unable to determine;</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-29514331